

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Not for submission under 37 CFR 1.99)

Application Number		
Filing Date		
First Named Inventor	Florian EISELE	
Art Unit		
Examiner Name	Not Yet Assigned	
Attorney Docket Number	052460-18US M/ERB129PC/US	

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Examiner Initial*	Cite No	Patent Number	Kind Code ¹	Issue Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear
	1	5178879	A	1993-01-12	Adekunle, et al.	

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	1	20020072744	A1	2002-06-13	Harrington, et al.	
	2	20010029370	A1	2001-10-11	Hodva, et al.	
	3	20020193789	A1	2002-12-19	Underwood, et al.	

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	1	1 048 294	EP	A2	2000-11-02	Bioglan Laboratories Ltd.		<input checked="" type="checkbox"/>

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	2	1 281 393	EP	A2	2003-02-05	Bode Chemie GmbH & Co.		<input type="checkbox"/>
	3	1 170 085	DE	A1	1964-05-14	Delma elektro-und medizinische- Apparate bau GmbH		<input type="checkbox"/>
	4	1 036 540	EP	A1	2000-09-20	Nessler Medizintechnik GmbH & Co. KG		<input type="checkbox"/>
	5	28 30 412	DE	A1	1980-01-17	Saling, Erich		<input type="checkbox"/>
	6	0 625 034	EP	B1	2002-06-05	Ridge Scientific Enterprises, Inc.		<input checked="" type="checkbox"/>
	7	3323833	DE	A1	1985-01-03	Troponwerke GmbH & Co. KG		<input type="checkbox"/>
	8	198 54 290	DE	A1	2000-05-31	Radchenko, Sergey		<input type="checkbox"/>

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Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, pages(s), volume-issue number(s), publisher, city and/or country where published.	T ⁵
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EXAMINER SIGNATURE

Examiner Signature	/Lee Cohen/	Date Considered	06/19/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through a citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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- ☐ See attached certification statement.
- ☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
- ☒ None

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/William W. Schwarze/	Date (YYYY-MM-DD)	2006-09-05
Name/Print	William W. Schwarze	Registration Number	25,918

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